PATENT APPLICATION SERIAL NO. 10009603

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/03/2004 LLANDGRA 00000001 022448 10009603

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oplication or Docket Number

PATENT APPLICATION FLL DETERMINATION RECORD Effective October 1, 2001

107009603

		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS		(00.0)		1000		1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	410
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•		,	V# 0			X\$18=	1
 -		•	1 2					X\$ 9=	· · · · · · · · · · · · · · · · · · ·	OR		
	EPENDENT CL	DENT CLAIM PE	PESENT				$\overline{}$	X42=		OR	X84=	
	CTIF CE DEFEN	DEITI ODAMITI	RESENT				-	+140=		OR	+280=	280
± If	the difference	in column 1 is	less than zero, enter "0" in column 2				ŧ	TOTAL		OR	TOTAL	1170
	C	LAIMS AS A	MENDED - PART II							•	OTHER	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	· 22	Minus	** Q	O	= ⊋		X\$ 9=		OR	X\$18=	36
	Independent	• .3	Minus	***	3	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	Y ADIE COPY										TOTAL	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMEROWENT B		CLAIMS REMAINING AFTER AMENDMENT	and the same	HIGH NUM PREVK PAID	BER DÚSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	á	Minus	dia				X\$ 9=		OR	X\$18=	1
E	Independent	¢	Minus	拉尔奈		3		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=	
								+140=		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
æQ₽	Total	*	Minus	**		p		X\$ 9=		OR	X\$18=	
RE	Independent	*	Minus	nen		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UIT		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
944	If the "Highest Nu The "Highest Nun	mber Previously Pa ber Previously Pa	aid For IN THI Id For (Total or	S SPACE independ	is less tha ent) is the	in 3, enter "3." highest numbe		-	propriate box			-
F00:	SOTO DIE 40 A	no)					Patr	on and Traden	nank Office 11	S. DEF	PARTMENT OF	COMMERCE
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